V. S. No.

ż

(Address) 18. BURIAL, CREMATION

(Address)

une 10, 193

Piece

19. UNDERTAKER

20. FILED.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	002.34
County Next	940
Village or City Chestustown	Registration Dist. No. 202
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if ot toreign birth?yrsmosds.
2. FULL NAME A. Clay Brown	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wale  Until	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. It merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Eliza, Belgin Benn  6. DATE OF BIRTH (month, day, and yet) Jan. 1 4 1863	22. I HEREBY CERTIFY, Thet I attended deceased from 19.33, to 8, 19.33
7. AGE Years   Mont(s   Deys   It LESS then	to have occurred on the dete steted above, at 3.4 m.
70 5 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BDDKKEEPER, etc. 4	angua Rection
work wes done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupetion (month end year) occupetion	
12. BIRTHPLACE (city or town) / Kest	Other Contributory Canses of Importance:
(State or country)	
13. NAME Hiram Brawn	A.
13. NAME Wikes Staws  14. BIRTHPLACE (city or town) ML  (State or country)	Name of operation Date ot
	Whet test confirmed diagnosis? Wes there en eu'opsy?
15. MAIDEN NAME    15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. Mary   18. Mary	23. It deeth was duo to externel ceuses (VIDL ENCE) fill in elso tha following:  Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur?\_\_\_\_\_

Manner of injury

Nature of Injury

If so, specify (Signed)

(Specify city or town, county and State)
Specity whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	•
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

BINDING

MARGIN RESERVED FOR

7

4. S. No. 1

	PLACE OF DEATH County New	STATE OF MARYLAND CERTIFICATE OF DEATH
	0	Registration Dist. No. 200
v	FULL NAME Edwin Ft Chris	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of atreet and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX  4 COLOR OR RACE 5 SINGLE.  MARRIED.  WILDOWED.  OR DIVORCED  (Write the word)  DATE OF BIRTH  ARREST  MARRIED.  WILDOWED.  OR DIVORCED  (Write the word)	16 DATE OF DEATH  (Month)—(Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
	Chionth) (Day) (Year	that I last sow for soline on the for the front for 19
7	84 yrs yrs. 58 mos. ds. or min.?	
77/	(a) I rade, profession or Active Jeruses  (b) General nature of industry business, or establishment in which employed or (employer)	Thight Sure for well  (Duration) you man do
	BIRTHPLACE (State or country) Kent County  10 NAME OF A MALE COUNTY	Contributory Secondary  (Duration)  (Signed)  (Signed)  (Duration)  (Duration)  (Signed)  (Signed)
	FATHER Sloves T. Chrisfield  II BIRTHPLACE OF FATHER (State or country)  Kurt lov	(Signed) Al. D. Address Allows, life Court, life Court
	OF MOTHER Heurelle Brisere	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or country) Went Cannoty	At place of death yrs mos. ds. State yrs ds. Where was disease contracted,
1	(Informant) Calward A Cold	if not at place of death?  Former or usual residence
	(Address) Gallene, rud	Valend Cemetery June 11 1.33
1	Filed Ine 8 1983 Fick for Registral	Line K. Coppage Excellen, Ind.
	If more blanks are needed, addruss State Registrar	r, 16 W. Saratoga St., Bilto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association)

state occupation at beginning of illness. If retired from worl'd on may form part of the second statement. Never return 'Laborer," "Foreman," "Nunager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Antomobile factory. The should be used only when needed. As even; is additional line is provided for the latter statement it nature of sary to know tion applies to each and any person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of oc whatever, write None business, that fact may be indicated thus; Farmer 'reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, d inite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Civil engineer. the first line will be sufficient, e.g., Permer or Planter, cases, especially in industrial employments, it is neces-Physician, Com, asi'or, byed, as At school, or At home. Care should be taken at home, who are engaged in the duties of the report specifically the occupations of persons en-For many occupations a single word or term on yrs . Farm laborer, without more precise specification as Day the buiness of Stationery Jimmen, For persons the hid of work and also it the Laborer-Coal mine, etc. Wom-Arch lect. industry, and therefore an who have no occupation Lacombine engineer, But in many material (11 0)

Statement of Cau e of Pearth—Name, first, the Disters of Cau e of Pearth—Name, first, the Disters of Causing Dearth—Name, first, the Disters of the causing always the same accepted term for the same distriction, using always the same accepted term for the same distriction in the call definite symmetric in deminister cerebrospinal mentilities; Diphtherm avoid une of "Couple," Typhoid lever never report "Typhoid Pheumonia": Lobor uncommonic Bronchoppenmanna "Pneumonia":

"(Exhaustion," "Heart failure," "Liaemorringe, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite diverse as iracture of skull, and consequences (e.g., se, se, tetanus) may be stated under the head of "entributory". "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, tions, such as "Asthehra, causing (secondary Chronic interstitial nephritis, use of "Tumor" for inalignant neoplasms); Mc slas; approved by Committle on Nomenchture of the Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide: Poico ed by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HO HIGH taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convultions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondar;), ("Congenital," "Senile," etc.), "Dropsy," on," "Heart failure," "Haemorrhage," or intercurrent) affection need not be Chronic and consequences (e ""Anaemia" (merely symptom-Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions an weed in detail, it will prevent further to respondence. Se duta is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-	CERTIFICATE OF DEATH (162	24
1. PLACE OF DEATH	953)	
County A agent	Registration Dist. No. 202	
Village or City Worlow and	No. St.,	Ward
// ./ .	death occurred in a hospital or institution, give its NAME, instead of street and nuds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Report lb. Co	ppen	
(a) Residence: No. / Modern Mil	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE OR DIVORCED (write she word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write she word)	21. DATE OF DEATH (Month) (Day)	193 <b>5</b> (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended de	eceesed from
6. DATE OF BIRTH (month, day, end year)	Hest sew her slive on Auf 21 1933:	deeth is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, e 94.m.	
65 3. 12 Vay, hrs. or min.	The PRINCIPAL CAUSE OF BEATH end releted causes of importance were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	O. I P	1931
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	Ultraes Openal	
10. Date deceased last worked et this occupation (month and ) 11. Total time (yeers) spant in this occupation occupation occupation		
12. BIRTHPLACE (city or town) Messel Ro	Other Contributory Causen of importance:	
(State or country)	Kemplegia.	1931
II 13. NAME Pullian St. Copper		
14. BIRTHPLACE (city or town)	Name of operation Dete of	
(Stete of Country)	What test confirmed diagnosis? Was there en eu	†opsy?
15. MAIDEN NAME STATE LOCALIST STATE OF THE	23. If death was due to externel causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
∑ (Stete or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT (Address) Messer Trus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	ĆE.
18. BURIAL, CREMATION, OR REMOVALCOMENT	Manner of injury	
Place Court Brown, All Date June 26, 1958	Nature of injury	,
19. UNDERTAKER M. V. Williams	24. Was disease or injury in any wey related to occupetion of deceased?	
20. FILED June 24 - 19 8 3 W W Hecks	(Signed) Charles (Address) Charles (Address)	м. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	V samontpag	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
803055			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WI

1. PLACE OF	STATE (	JF MAR	YLAND—	CERTIFICATE OF DI	EATH U	02.50
County	tent		<i>a</i>	Registra	tion Dist. No.	01
Village or Cit	ty Turne	dville		Nd	St	Ward
	enca in city of town where	death occurred	_	death occurred in a horpital or institution, give its Nds. How long in U.S. if of foreign birth		nd number)
	6/		1011)	P	IIyrs	mosos.
2. FULL NAN		V J.	Careto 1			
(a) Residenc	e: No	(Usual place	e of abode)	St., Ward.	ident give city or town	and State
PERSON	AL AND STATIST			MEDICAL CERTIFICA	The second secon	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	_ 5-9	., 193
5a. If married, widowe	d, or divorced			(Month)	(Dey)	(Year)
HUSBAND of (or) WIFE of				22.   HEREBY CERT	IFY, That I attend	led daceasad from
		1/L	11071	, 19 <b>30</b> , to	67 61	200
6. DATE OF BIRTH (n		Days	If LESS than	l last saw h	190	,; death is said
/.	/ / /	27	I day,hrs.	to have occurred on the date stated above, et The PRINCIPAL CAUSE OF DEATH and related	causes of Importance	
8 Trade profess	sion, or particular	1 00/	ormin.	wage as follows: He To		Date of ogest
kind of wo	ork done, as SPINNER, BDDKKEEPER, etc.			LOUIS ORCCOS		- y say
	usiness in which dona, as SILK MILL, , BANK, etc.	7_				
SAW MILL		ann				
- Into occup.	d last worked et ation (month and	Spa Spa	time (yaars) entin this			
year)	4	000	upation	Other Contributary Causes of importance:	-	
12. BIRTHPLACE (city (State or count		1-64		myolad	ilis	2 day
1	1/1/2	00 1	7	·		0
Ξ //	4, 6	act,				
14. 8 RTHPLACE (Stete or o		MA		Name of operation	Date of	
		Frank	08	What tast confirmed diagnosis? Ruges		n au'opsy?PVA
I		man	mur	23. If death was due to external causes (IOL ENG		
O 16. BIRTHPLACE (		may.		Accident, sulcide, or homicide?	Date of Injury	, 19
n			,	Where did injury occur? (Specify ci	ty or town, county and S	State)
17. INFORMANT (Address)	music of	will be	met	Specify whether injury occurred in INDUSTRY, I	IN HOME, or IN PUBLIC	PLACE.
18. BURIAL, CREMATI	DN, OR REMOVAL	and a		Menner of injury		
Place	lenge Mi	1 Date Jan	e 2,1953	Nature of injury		
19. UNDERTAKER	hull de	thin &	Colon	24. Was disaase or injury In any way related to o	occupation of daceased?.	sur!
20. FILED Rey	1 ,1933	Meel	arte	(Signad) Jas W	July	M. D.
	16	Market	Registrar.	(Address)	way or tolland	4

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
A BUREAU TA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

062.6

_	(82-2)
	Registration Dist. No. 204
	No. St., Ward
•	death occurred in a hospital or institution, give its NAME instead of street and number)
i -	ds. How long in U.S. If of foreign blrth?yrsmosds.
2	risen
1	MStalle Ward R. R. L. M. If nonresident live city or town and State
-	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
ı	(Month) (Day) (Pear)
	No. 100
	Saw her CERTIFY. Thet I attended dacased from
-	1 lest saw h 22 eliva on 6 20 19 & Gleeth is seld
-	to have occurred on the dete stated above, et
	were es follows:
	append 5
-	1 / 20/32
-	
	Other Contributory Causes of Importance
-	
-	Neme of operation
	What test confirmed diagnosis? Was there an eulopsy?
	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
-	Accident, suicide, or homicide? Date of injury, 19
_	Whera did Injury occur?
	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
_	
	Manner of Injury
5	Neture of injury
	24. Wes disaese or injury In eny wey ralated to occupation of deceesed?
1	If so, specify 18 18 16
	(Signed) The Bolletteys M. D.
	(Address) - Offealls law

V. S. No. 1

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Example I		Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

6	6:	0	630	hay.
U	U	4	. 0	104

1. PLACE OF DEATH		(Kd-a)	
County Lent	2-16	Registration Dist. No. 20	3
Village or City Mun	new fleck	No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city of town where dea	0	7	
2. FULL NAME Inch	2n. L. 192	ein fr.	
(a) Residence: No.	(Usual place of abode)	S., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22.   I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	ne 7, 1933	Mast sew hand alive on Another 2 , 192 ?	; death is said
7. AGE Years Months	Days If LESS than 1 day, 1 hrs. or min.	to have occurred on the date stated above, at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,			
SAWYER, BOOKKEEPER, etc.			
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	II. Total time (yeers) spent in this occupation	atilestasia	
Men	-which	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town). (State or country)	our mi	pregulat allast bests for	1
II 13. NAME . Duly	on Blenn	/x Abur.	
13. NAME . Med Lean Herry  14. BIRTHPLACE (city or town)		Name of operation Oate of	
(State of Country)	Pelle	Whet test confirmed diegnosis? Was there en	
15. MAIOEN NAME Mary An	na pelling	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	mes pad	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Day . Aller		(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapsel Qu	Date fine 8th, 1933	Manner of Injury	
19. UNDERTAKER Meling & GAddress)	Herry (Father	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO 6/8 ,1938 B.	Y. Dendine	If so, specify (Signed)	M. D.
	Registrer.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TRITIFIE A USIVE S			
AP			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1.

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

or- ite A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 062.28
infor state UPA	1. PLACE OF DEATH	(IFI)
ould	County Kent	Registration Dist. No. 202
should of OCC	Village or City Worton Point	No. St., Ward
.= 0		death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
N. Every rSICIANS statement	00:000	nsoce
SIC ate	(a) Residence: No.	St Ward.
2 X X	(Usual place of abode)	If nonresident give city or town and State
PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T. F.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
NED C T ified	5a. If marriad, widowed, or divorced HUSBAND of	¥ //
A A ass	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
EXE.	6. DATE OF BIRTH (month, day, and year) Queg. 27 1927	I last saw h elive on Jessey 5 , 19 90; death is said
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4. P.m.
IS A PE stated E properly certificate	5 9 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
**	8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onest
HIS d be y be k of	kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Ito Data deceased last workad at this occupation (month and	(Illo Mylitis : le- 1932
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	gass no jaw : esteralled to legs.
Sh Sh	10. Data deceased last worked at this occupation (month and spent in this	Cause unknown wife.
1 (2)	yaar) occupation	Other Contributory Causes of importance:
OIN A So 1 ctio	12. BIRTHPLACE (city or town)	
NFADING pplied. AGl erms, so tha instructions	(State or country)	Immaul es 1
	II 13. NAME Tilbut a. Itymson	
20	14. BIRTHPLACE (city or town) - All-acceptance (State or country)	Name of operation_e Data of
5 16	A	What test confirmed diagnosis?
INLY, WIS be carefully EATH in plain	Ŧ .	23. If death was due to external causas (VIOLENCE) fill In also the following:
LY, cal	(Stata or country)	Accident, suicide, or homicida?
	17. INFORMANT Gelbet a Joynson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D	(Addrass) Worlin Porish tent Co. Med.	
F-1 01	18. BURIAL, CREMATION, OR REMOVAL net Pine 18 19 33	Manner of Injury
-WRITE mation s		Nature of injury
-WRI mation CAUS TION	19. UNDERTAKER Chas . J. Dodd	24. Was disease or injury in any way related to occupation of deceased?
B.	(Address) Chestertown Mary and	If so, specify
ż -	20. FILEO June // 19 & 3 MJ July Color Registrar.	(Signed) Alle M. D. (Address) Alle Language .
	n Acginiai.	" (MOUITOR) and a state of the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gostroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS OF	Registration Dist. No. 212
20, 21, 1	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Whole OR DIVORCED (Write the word)	16 DATE OF DEATH  Jesse 24, 1933  (Month) (Day) (Year)
7 AGE  James 28 (Your)  (Month) (Day) (Your)  Thos. 26. or min.?	I HEREBY CERTIFY, That I attended the deceased from
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Porelegies (Duration) yrs. 2 mos de
9 BIRTHPLACE (State or country) Waryland  10 NAME OF FATHER Cafe L. Wookengton Woodal	Contributory Secondary  Course  (Durstign)  (Durstign)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  While Control of the country)  While Control of the country of the count	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds.  Where was disease contracted,
(Informant) Un brush Kendelle  (Address) Christians Hed	Former or usual residence
Filed James 2/1923 Registrar  If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). er," etc., Spinner, nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Nervant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed Foreman, or For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (d) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal menificitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Examples: A ceidental drowning; Struck by railway traincarbolic acid—probably suicide. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis (elamus) may be stated under the head of "contributory." atic), "A rophy" "Collapse," "Coma," "Convulsions, "Dehilit" ("Congenital," "Senile." etc.) "Pro-----inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HONIGIDAL, "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Tranition," "Heart tailure, maemormage, "Iranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; "("Congenital," "Senile," etc.), "Dropsy, in," "Heart failure," "Haemorrhage, or intercurrent) affection need Chronic Example: Measles (disease The n ture of the injury, valvular heart etc. The contributory disease ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 06230
1. PLACE OF PEATH /	(87-P)
County Kent	A Registration Dist. No.
Village or City Naar Rewaldgwell	(MG) St. War
	f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s
2. FULL NAME STANKE VI JULI	gru
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH /
4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	June 5 , 19333
a. If married, widowed or divorce	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
11 S, Congra	June 1 1933, to June 5 , 195
DATE OF BIRTH (month, day, and year)	I las fraw h. T. alive on frame 5., 1933; death is sa
AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et_/
10 0 19 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related fauses of importence were as follows:
8. Trade, prolession, or particular kind of work done, es SPINNER ASAWYER, BDOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	HEUN Stallers
kind of work done, es SPINNER SAWYER, BDOKKEFPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
Z. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) WElawaw	Paralisis asulando
13. NAME Im Parton	
13. NAME W Doffer  14. BIRTHPLACE (city or town) Delawase	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Symploms Was there an autopsy? ?
15. MAIDEN NAME Mary E Milliams	23. If deeth was due to external ceuses (VIOLENCE) fill In elso tha following:
15. MAIDEN NAME Mary Emilians  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur?
17. INFORMANT Grand a Blaitt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Elkhow me	
8. BURIAL, CREMATION OR REMOVALE	Manner of injury
Place of bully cemille form 8 1983	Nature of injury
19. UNDERTAKER JOHN Wahhael	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Da sellere (Md	If so, specify
20. FILED Jun 1933, A Delois	(Signed) J. J. UNELL M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I  The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  1915		Example II	
		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. N.	be ck
ER.M.	houic t may on ba
AP	SE sons
IS	so the
HIS	ms sur
INKTH	supp n ter See i
N. N.	ully plain
ING	f in ortan
AD.	AT!
UNI	F DE
TH	sho is
1	AUS
WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANE	N. B.—Every item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See injetructions on back of
m	ould of C
RITE	item sh
8	CIANS
	ZT

V. S. No. 1

PLACE OF DEATH. County Court	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mussey (No	Registration Dist. No.  St.: Ward)  A hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDY SD, OR BIVORCED (Write the word)	16 DATE OF DEATH SALL 30 (Year)
6 DATE OF BIRTH 26, 1890 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 193 to 193 to 193 that I last saw home alive on 193 to 193
7 AGE  43 yrs. 3 moa. 25 ds. or min.	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of induatry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration)
(Informant) Manh I. Level  (Address) Massey Md  Filed Jame 28-19233 Workith Bruce  Registral	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS  ADDRESS
if more banks are needed, addre-schate Registre	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houselaborer, Farm loborer, Laborer—coat men at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Screont, Cook ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully embusiness, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on 118). Farm loborer. Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, duties of the (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEAL CAUSEING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis State cause for which surgical operation was under-Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railwoy troin "Atrophy," "Collapse," "Coma," "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. The contributory affection need volvulor heart Nomenclature " "Convulsions, not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 00000
1. PLACE OF DEATH	190
County Tent	Registration Dist. No. 202
Village or City new Chesterton PS	NoSt., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Schaubes	
(a) Residence: No. Lean Chesterform (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) WIFE of	22 <sub>n</sub> I HEREBY CERTIFY, Thet I attended deceased from
portury of many or remained	June 25 , 1933, 10 Jame 26, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on sure 66 , 1985; death is said
7. AGE Years Months Dys II LESS than	to have occurred on the date stated ebove, etm.
55   1 / 1 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cersboal, Hemorrhad 0 6-26-33
SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Owner of farm SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year)	2
B 1 to	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)(State or country)	A A
~ 1 0 1 0 0 1 0	Our heales on fund 243
13. NAME John J. Schanber	<i></i>
4 14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME Iresa Mench	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Rebard Schanles (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Church Hilloete Jane 29, 1933	Nature of injury
19. UNDERTAKER Was Ha Frace	24. Was disease or injury in any way related to occupation of deceased?
(Address) Charen Hill mel	If so, specify
20. FILEDJUSU 28-, 1933 WV Hicks	(Signed) At I frige Summons g. M. D.
Registrar.	(Address) Mean wow, ma

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100203
County /Co	Registration Dist. No. 30
Willage or City Still Pond	At-
(If	NOSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town whare daath occurredyrsmos.	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bennotta Eliza	v Jacklor
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced	(Month) (Day) (Yaar)
(or) WIFE of mervin /aylor	10 This 33 to James 25th 133
6. DATE OF BIRTH (month, day, and year)	I last saw h. 22 alive on Amak & 4 th 19.33 : daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at GBD R. Zu
relimit 35 Eller 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of processor, doe, as SPINNER,	
SAWYER, BOOKKEEPER, atc.	Tuberculters
work was done, as SILK MILL, SAW MILL, BANK, etc.	- Curiculate to
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked et this occupation (month and	
year) gccapation (month and	
12. BIRTHPLACE (city or town) Still tons	Other Contributory Causes of Importance:
(State or country)	los barrens
13. NAME TO THE TO	
14. BIRTHPLACE (city or town)	Name of according to the control of
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	What tast confirmed diagnosis?
I COLONS	23. If death was due to axtarnal causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town). Colors	Accident, sulcida, or homicide? Date of injury
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CARLES TOTAL TOTAL AND THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1933	Nature of injury
19. UNDERTAKER B. B. G. BORON	24. Was diseasa or injury In any way related to occupation of daceasad?
(Address) Still Pond 200	If so, specify
Sull 32 Meolailo	(Signad) S. G. Cluvell M. D.
20. FILED Registrar.	(Address) Still Pond.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	8	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis •.	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	-CERTIFICATE OF DEATH 116934
1. PLACE OF DEATH	R 19 [119]
County - Cou	Registration Dist. No.
Village or City Morghed Williage or City	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsr	os ds. How long in U.S. if ol foreign hirth?yrs mosd
2. FULL NAME tream Jaylor.	
(a) Residence: No. (Usual Mace of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE France  4. COLOR OR RACE OR DIVORCED (grice the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY. That I attanded decoesed from
6. DATE OF BIRTH (month, day, and year) aug 1-1932	Hast saw h.4 alive on . 4 - 13
7. AGE. Years Months Days If LESS than 1 day,	to heve occurred on the date stated above, et. 16 Pm
/0 /9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:  Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Omes cours
kind of work done as SPINNER, SAWYER BDDKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Morganie	Other Controllery Guses of importance:
(State or country) Renty Co Mid	
13. NAME Oliver Juglar Lehesleiloung nut	9
14. BIRTHPLACE (city or town) Chesleulow Much	Name of operation
	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME George Complete  16. BIRTHPLACE (city or town) Lodymans  (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  19
(State or country) / Lengto md	Where dld injury occur?
17, INFORMANT Oliver laylor, (Address) tolk low mul	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I War June 18 193.	3 Nature of injury
19. UNDERTAKER Chas I Dodd	24. Was disease of injury of any related to occupation of deceased?
(Address buter town md	If so, specify P Copulation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	_ July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		STATEMENTS	

FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH 06255

1. PLACE OF DEATH	GPD)	
County Kint	Registration Dist. No. 203	
B. h. 1.1 - 1.1		Ward
Village of City	NoSt.,  death occurred in a horpital or institution, give its NAME instead of street and numbe	
Length of rasidence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME David Thomps	ern	
R . 11 - 11 .	01 241	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	June 25- 193	3
	(Month) (Day) (	Year)
HUSBAND of Gory Wife of Luly Thombson	22. / I HEREBY CERTIFY Thet I attended decease	sed from
(or) WIFE of July 1 Nompon	Who 15 1932 to Jame	933.
6. DATE OF BIRTH (month, day, and year)	I last saw have elive on June (2 0 1933 ; deal	th is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date stated above, at 130 A m.	
63 1671 motion 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
1 Ol Hills	wera es follows:	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROOKEEPER attentions.	( wrotis - renal de-	
SAWYER, BOOKKEEPER, etc		77
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Compensations A	pr
10. Dete deceased lest worked et   I1. Total time (years)		1.122
this occupetion (month end year) spant in this the		
	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) Lent Country, Rd		
~   () (77)		
13. NAME Jame Thompson		
14. BIRTHPLACE (city or town)	Neme of oparation Deta of	
(State or country)	What test confirmed diagnosis? Was there en eutops	y?
15. MAIDEN NAME Consuling Pract	23. If death was due to external causes (VIOL ENCE) fill in elso tha following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury,	19
(Stete or country)	Where did injury occur?	
17. INFORMANT Jula Througen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)	•	
18. BURIAL, CREMATION, OR REMOVAL 2 7	Manner of injury	
Placa Pharptown Date 199	Neture of injury	
	24. Was disease or injury in any way releted to occupation of deceased?	
19. UNDERTAKER as vuly to asky	If so, specify	7
(10) (5- 440)	(Signed) On towthehan	M. D.
20. FILED 6 /2 , 1938 Misae 6 / J. Durling	(Address) Chestertown my	W. D.
Kegistrar.	" Induitable of the state of th	

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Gallstones	May 1,1923	Gastroenteritis	1 year	

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BINDING

RESERVED

ARGIN

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BINDING

FOR

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of enset

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1975	5			
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		<u> </u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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